LEUY RATNER PC

P.02/03 212 627 8182

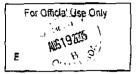
1 / 1 / 2004 Through: 12 / 31 / 2004

Form approved Office of Management and Budgel No. 1215-0188

Expires 11-30-2006

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1 File Number 4-1/0/7

U.S. Department of Labor Office of Labor-Management

Standards

Washington, DC 20210

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3 Name and address of person filing.			
Name TOCETAN NET	IL	Name NEW YORK'S HEA	ALTHEHUMAN SERVICE UNION 11995EIU
		Labor Organization File Num	ber 031-847
P.O. Box, Bldg., Room No., if any	· · · · · · · · · · · · · · · · · · ·	P.O. Box, Building and Room	n Number, if any
Street 310 W. 43rd STREET	. <u> </u>	Street 310 W. 43rd ST	TREET
City NEW YORK		City NEW YORK	
State New York	ZIP Code + 4 10036	State New York	ZIP Code + 4 10036-6407
5. Position in labor organization. VICE PR	RESIDENT		
Enter appropriate data below if, during th		ouse or minor child directly or it di lusions set forth in the instructions	
A. Held an interest in, engaged in transact monetary value from an employer whos	ctions (including loans) with, or se employees your organization	derived income or other econd tion represents or is actively s	ornic benefit of eeking to represent.
		1	
<ol><li>Name and address of Employer (including t</li></ol>	trade name, if any).	7.a. Nature of Interest, Transac	allan, ar Income.
<ol> <li>Name and address of Employer (including I Name</li> </ol>	trade name, if any).	7.a. Nature of Interest, Transac	alion, or Income.
	trade name, if any)	7.a. Nature of Interest, Transac	alion, or Income.
Name	trade name, if any).		silon, or Income.
Name Trade Name, if any:	trade name, if any).	7.a. Nature of Interest, Transac	
Name Trade Name, if any: P.O. Box, Bldg., Room No., If any	trade name, if any).		
Name Trade Name, if any: P.O. Box, 8ldg., Room No., If any Street	TIP Code + 4		
Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street  City	ZIP Code + 4		
Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State	ZIP Code + 4  Signed declares, under penalty on action contained in any accompan	7.b. Amount.  nature  [Perjury and other applicable persying documents), has been exame	alties of the law, that all of the information ned by the signalory and is, to the best of the
Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street  City  State  15. Signature and verification. The under submitted in this report (including the inform undersigned's knowledge and belief, true, or	ZIP Code + 4  Signed declares, under penalty on action contained in any accompan	7.b. Amount.  nature  [Perjury and other applicable persying documents), has been exame	alties of the law, that all of the Information ned by the signatory and is, to the best of the ins.)

Name of Person Filing JOCELYN NEIL	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
8. Name and address of Business (Including trade name, if any).	9. Business deals with:	
Name 1199 HOSPITAL LEAGUE PLANNING&PLACEMENT FUND		
Trade Name, if any	X. a. Labor Organization	
P.O. Box. Bidg Room No., if any	b. Trust	
Street 330 W. 42nd STREET	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10036		
10. If 9 b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES INDUSTRY JOB PLANNING AND PLACEMENT SERVICES FOR EMPLOYEES COVERED BY 1199 COLLECTIVE BARGAINING AGREEMENTS	
Trade Name, if any:	: :	
P O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of Interest held or income received.	
State ZIP Code + 4	AS A TRUSTEE OF THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND, I ATTENDED A CONFERENCE FOR WHICH I RECEIVED TRAVEL, LODGING AND OTHER CONFERENCE-RELATED EXPENSES	
	12.b. Amount. ( \$1,134	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	$\frac{-}{\omega}$	
Trade Name, if any:	:	
P.O. Box, Bldg., Room No., if any	•	
Street		
City		
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·	
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	